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| 2 | COMMONWEALTH OF KENTUCKY |
| 3 | CABINET FOR HEALTH AND FAMILY SERVICES |
| 4 | FOR MEDICAID SERVICES |
| 5 | |
| 6 | |
| 7 | IN RE: PERSONS RETURNING TO SOCIETY FROM |
| 8 | INCARCERATION TECHNICAL ADVISORY MEETING |
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| 11 | |
| 12 | HELD AT: |
| 13 | |
| 14 | VIA ZOOM MEETING |
| 15 | |
| 16 | |
| 17 | DATE: |
| 18 | MAY 12, 2022 |
| 19 | 9:00 A.M. |
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| 2 | ATTENDEES: |
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| 5 | Steve Shannon - Chair |
| 6 | Brandon Harley |
| 7 | Adrienne Bush |
| 8 | Van Ingram |
| 9 | Evan Smith |
| 10 | Angela Darcy |
| 11 | Kevin Sharkey |
| 12 | Brandon Thomas |
| 13 | Leigh Ann Fitzpatrick |
| 14 | |
| 15 | |
| 16 | (and many more were on ZOOM) |
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| 1 | MR. SHANNON: I'll call off the names of |
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| 2 | people. Is James Daley on? |
| 3 | Dr. Ryan? |
| 4 | Dr. Smith-Stephens? |
| 5 | Brandon Harley? |
| 6 | MR. HARLEY: Yes. |
| 7 | MR. SHANNON: Adrienne Bush. |
| 8 | MS. BUSH: Present. |
| 9 | MR. SHANNON: Evan Smith? |
| 10 | MR. SMITH: Present. |
| 11 | MR. SHANNON: Van Ingram may be joining us. |
| 12 | I don't know. He had a conflict, but I |
| 13 | think we are now at quorum. |
| 14 | Okay. Kristen Porter? |
| 15 | Kevin Sharkey? |
| 16 | MR. SHARKEY: Present. |
| 17 | MR. SHANNON: Angela Darcy? |
| 18 | MS. DARCY: Present. |
| 19 | MR. SHANNON: All right. You have the |
| 20 | agenda before you and we have a quorum; |
| 21 | correct? Very good. |
| 22 | MS. BICKERS: Yes, sir. |
| 23 | MR. SHANNON: Let's go on to the March 10 |
| 24 | minutes. I should have sent you the |
| 25 | December minutes. We didn't approve those. |

| 1 | we will have to do those next time. |
|----|---|
| 2 | Do I have a motion to approve the |
| 3 | minutes? |
| 4 | MR. HARLEY: So moved. This is Brandon |
| 5 | Harley. |
| 6 | MR. SHANNON: Do I have a second? |
| 7 | MR. SMITH: I'll second. |
| 8 | MR. SHANNON: Thank you, Evan Smith. |
| 9 | All in favor say aye? All opposed? |
| 10 | (Motion passes is unanimously.) |
| 11 | MR. SHANNON: Adopted the minutes. All |
| 12 | right. |
| 13 | Next item is DMS Update, where are we |
| 14 | at with our waiver. Leslie Hoffmann cannot |
| 15 | be here. I think her mom was in the |
| 16 | hospital, has had some health problems, but |
| 17 | I think Leigh Ann Fitzpatrick is going to |
| 18 | give us that report. |
| 19 | MS. FITZPATRICK: Hi, good morning. |
| 20 | MR. SHANNON: Hi, Leigh Ann, how are you? |
| 21 | MS. FITZPATRICK: I'm doing fine. Thank |
| 22 | you. |
| 23 | So the 1115 SUD Waiver Update? |
| 24 | MR. SHANNON: Yes. |
| 25 | MS. NORMAN: So September is when we plan |

25

to file that for extension. The waiver ends September of 2023, so we plan to file the SUD Waiver and the SMI Waiver this September. And then on the Incarceration 1115, we are still -- I'm not sure what Leslie said last time, but we are still working on budget neutrality. And CMS had told us that we are the first state to ever submit this type of a 1115, as you-all are aware as well, and so they are working on their end of the policies, making sure that everything is set to go. We have never heard a no. It's just wait and see, and we're still working that out. So fingers are still crossed.

Our Mobile Crisis Grants, we have a planning grant for the mobile crisis, and currently we have our needs assessment complete, but we are currently looking for peer support specialists and consumers that might be willing to sit in on a small interview — small group interview or one—on—one interview. So if you know of anyone that would be willing to sit in on that, I'll put the e—mail in the chat and

1 they can just reach out to me and let me 2. know if they're peer support or consumer, 3 and what provider they work for and we will 4 get them -- we hope to have that at the end 5 of this month. And, otherwise, we are still 6 just working on updating our SPAL (phonetic) 7 and coming together with a definition of 8 mobile crisis and a definition of behavioral 9 health crisis. And we are on track for 10 everything. That planning grant ends in 11 September as well. So after September we 12 plan to work on implementation. So I will take any questions if there 13 14 are any. 15 MR. SHANNON: So you don't really know a 16 time frame for the incarceration; right? 17 MS. FITZPATRICK: Right, right. We ask 18 every -- we meet with CMS every month. We 19 do ask that question, and it's still just 20 we're working on it. 21 MR. SHANNON: And you're still doing the 22 other programs you have at some 23 correctional facilities; right? 24 MS. FITZPATRICK: Yes. The reentry program 25 is still going on. We currently are not

| 1 | meeting monthly because we just we don't |
|----|---|
| 2 | have any updates as of right now. Those |
| 3 | meetings will begin again soon. I'm not |
| 4 | sure exactly any time frame on that. But |
| 5 | we do have the process in place for the |
| 6 | reentry program and it still everything |
| 7 | is still going on. |
| 8 | MR. SHANNON: Okay. Related to that, I got |
| 9 | a message from one of the CMHCs that they |
| 10 | had some problems with claims not being |
| 11 | processed with folks who are coming out in |
| 12 | the local jail and they are not Medicaid |
| 13 | eligible, but they have submitted the |
| 14 | paperwork. |
| 15 | MS. FITZPATRICK: Okay. So, yes, when |
| 16 | everyone is booked they are filling out a |
| 17 | Medicaid application. And if they have |
| 18 | filled that out and it just hasn't had some |
| 19 | time to be processed, if they do end up |
| 20 | being Medicaid eligible, it will backdate |
| 21 | to the application. |
| 22 | MR. SHANNON: Okay. |
| 23 | MS. FITZPATRICK: And if they still have |
| 24 | issues with claims regarding incarceration |
| 25 | dates, please have them e-mail me and I'll |

| 1 | put my e-mail in the chat as well. |
|----|--|
| 2 | MR. SHANNON: Okay. These are folks who |
| 3 | have been released and, you know, there's |
| 4 | some deal with DCBS, a form they got to |
| 5 | submit; right? |
| 6 | MS. FITZPATRICK: Yes. Once somebody is |
| 7 | released, they have to reach out to DCBS |
| 8 | and let them know that they are released, |
| 9 | so then they can go in and flip the switch |
| 10 | so their suspension will be lifted. |
| 11 | MR. SHANNON: Maybe that's their problem. |
| 12 | This just came up this week. |
| 13 | MS. FITZPATRICK: Yes, either the person or |
| 14 | the person's representative that's on file |
| 15 | needs to contact DCBS. And that can be a |
| 16 | phone call. |
| 17 | MR. SHANNON: Okay. Candidly, I struggle |
| 18 | with our agenda because it's really we |
| 19 | are waiting on this 1115 SUD Waiver piece |
| 20 | to take place, and then we will have some |
| 21 | real people that I think will be more |
| 22 | appropriate for us. We'll identify more |
| 23 | issues at that point as those folks |
| 24 | transition back. |
| 25 | MS. FITZPATRICK: Right. |

| 1 | MR. SHANNON: At that point the TAC becomes |
|----|---|
| 2 | much more I won't say viable, but it has |
| 3 | a more clearer defined mission of charge. |
| 4 | MS. NORMAN: Right. |
| 5 | MR. SHANNON: I think we have been I |
| 6 | guess it's going on is this the second |
| 7 | year? |
| 8 | MS. FITZPATRICK: So this coming November |
| 9 | will mark three years since we have turned |
| 10 | it in. |
| 11 | MR. SHANNON: Wow. Yeah. So when this TAC |
| 12 | was done, I would assume most folks |
| 13 | including Medicaid staff; right, Leigh |
| 14 | Ann expect this thing to be operational |
| 15 | by now. We have specific topics and |
| 16 | people's experience, and what can we do, |
| 17 | you know, and move forward from that |
| 18 | perspective. |
| 19 | MS. FITZPATRICK: Right. You know, we |
| 20 | could still hear from experiences, but that |
| 21 | would help us when we, you know, implement. |
| 22 | MR. SHANNON: Yeah. |
| 23 | MS. FITZPATRICK: We have worked on steps |
| 24 | to do after CMS says yes. We have we |
| 25 | know what we need to do, steps in place |

| 1 | that we need to do, so it won't take time |
|----|---|
| 2 | for that. It will just take time for |
| 3 | systems, of course. But one of the issues |
| 4 | we are having is currently we don't pay for |
| 5 | that program behind the wall, so we don't |
| 6 | have a lot of back history to report for |
| 7 | budget neutral. But we have talked to CMS, |
| 8 | we have agreed on a plan of what we can do |
| 9 | for that budget neutrality, so it's just |
| 10 | the issue of getting it approved. |
| 11 | MR. SHANNON: And they are working with you |
| 12 | on that budget neutrality; right? |
| 13 | MS. FITZPATRICK: Yes. |
| 14 | MR. SHANNON: That's a big challenge, 1115; |
| 15 | right? |
| 16 | MS. FITZPATRICK: It is a big challenge, |
| 17 | uh-huh (affirmative). You have to show |
| 18 | that, yeah, there's be no increases in |
| 19 | charges for Medicaid dollars during the |
| 20 | demonstration. |
| 21 | MR. INGRAM: I remember when we turned it |
| 22 | in, we thought it might be a year. I |
| 23 | didn't think any of us thought it might |
| 24 | MS. FITZPATRICK: Exactly. |
| 25 | MR. SHANNON: That was the voice of Van |

| 1 | Ingram. So, yeah, that's been where, you |
|----|---|
| 2 | know hopefully we hear something soon |
| 3 | and then we move forward and have |
| 4 | MS. FITZPATRICK: Yes. |
| 5 | MR. SHANNON: Okay. |
| 6 | MS. FITZPATRICK: Keeping our fingers |
| 7 | crossed. |
| 8 | MR. SHANNON: Any other Medicaid updates |
| 9 | for us? |
| 10 | MS. FITZPATRICK: That's all I have, unless |
| 11 | anyone has any questions. |
| 12 | MR. SHANNON: Yeah. Any questions? |
| 13 | MS. BUSH: I have a question. And I may |
| 14 | have missed it, Leigh Ann, but you had said |
| 15 | that DMS plans to apply for the Severe |
| 16 | Mental Illness Waiver as directed by Senate |
| 17 | Joint Resolution 72. What waiver authority |
| 18 | is DMS planning on using for that? |
| 19 | MS. FITZPATRICK: It will be 1115. |
| 20 | MS. BUSH: As well. Hopefully we don't get |
| 21 | hung up on budget neutrality for three |
| 22 | years on that. |
| 23 | MS. FITZPATRICK: No. No, I don't think |
| 24 | so. We have also been in talks with CMS |
| 25 | with that, working along the way, so and |

1 we also know of other states that have --2. what we want to do that has been approved. 3 So we are going to kind of follow the other 4 states' leads as well. 5 MR. SHANNON: You know, I'd like to see a 6 residential option in that waiver, 7 Adrienne, when everything comes to pass, 8 similar to the SCL staff residents. think -- I know folks at DBA had a call on 9 10 a separate issue and they have -- you know, 11 they know people now who probably need a 12 24/7 residential option. It makes the 1115 13 Budget neutrality challenging to get to that place, because, again, those -- that's 14 15 not a cheap service. And we've got a 16 couple of places. They are using state 17 general fund dollars to do that, a 18 three-person home. So it's a model that's 19 worked for people who are severely 20 mentally. I think unique with that waiver 21 is that it may not be -- the SCL waiver for 22 Intellectual and Development Disabilities, 23 they move into a staff residence and many 24 folks stay there many, many years. But the 25 SMI population hopefully would be a more

time-limited approach, 12, 18 months, get stabilized and they can move into their own apartment or some other option. So that's what I think -- I know that's been my message on this waiver for -- first testified June of '19 before Interim Health, Welfare and Family Services, but anyway, appreciate the question.

Any other members have questions for Medicaid?

MS. DARCY: This is Angie Darcy and I'm with Pretrial Services. So I'm wondering if there's potential that we may be able to help when people are released from custody on our side that maybe we can start notifying them that they need to notify Medicaid, because I think that has come up in the past and I think that -- you know, to get all our people on board, but we might be able to eventually add a question or just inform them, you know, at the time that they are incarcerated that they need to notify Medicaid when they get out. And I was just wondering if that would be something that might be helpful to you

| 1 | guys. |
|----|---|
| 2 | MS. FITZPATRICK: That would be very |
| 3 | helpful if they hear it again, hey, you |
| 4 | need to call DCBS. And if they call DCBS |
| 5 | two to three days after they are released, |
| 6 | it will go back to the release date for |
| 7 | their benefits to be turned on. |
| 8 | MS. DARCY: I'll start seeing if we can't |
| 9 | get something like that rolled out and all |
| 10 | get on board with sending that message out, |
| 11 | but I don't see why we can't, you know, |
| 12 | assist with that greatly. |
| 13 | MS. FITZPATRICK: Thank you. Every time |
| 14 | they hear it yeah, every time they hear |
| 15 | that hopefully, you know, they remember to |
| 16 | do that, but, yes, that would be great. |
| 17 | MR. SHANNON: Is there an 800 number? Do |
| 18 | they call the local county DCBS office? |
| 19 | What's the best way to contact? |
| 20 | MS. FITZPATRICK: Yes, the local DCBS |
| 21 | office. |
| 22 | MS. DARCY: That may be something that we |
| 23 | can add to our resource guide, is that we |
| 24 | can put that number in our resource guide, |
| 25 | so when they are released they can maybe |

| 1 | contact, you know, if they don't know |
|----|--|
| 2 | typically they do know Pretrial Services' |
| 3 | number and they can contact them. |
| 4 | That's all I got. |
| 5 | MR. SHANNON: Appreciate it, Angela. That |
| 6 | was helpful. |
| 7 | Each DCBS county office has a |
| 8 | different number; right? That's probably |
| 9 | one of our challenges. |
| 10 | MS. FITZPATRICK: Right. Right. I will |
| 11 | reach out to DCBS. My contact that I work |
| 12 | with, Demetri, and hopefully by the end of |
| 13 | the meeting I'll have an 800 number for |
| 14 | you. |
| 15 | MR. SHANNON: Yeah. And who was it that |
| 16 | asked the question? DCBS Brandon |
| 17 | Harley they are not back in their |
| 18 | office; right? |
| 19 | MR. HARLEY: To my knowledge they are not. |
| 20 | They are still working virtually. So I |
| 21 | think the way to contact them is that 800 |
| 22 | number, the 855 statewide number. I'm |
| 23 | looking on the website now. I'll post it |
| 24 | as soon as I get it on here. I'll put it |
| 25 | in the chat box for everyone. |

| 1 | MR. SHANNON: Yeah, who answers the phone |
|----|--|
| 2 | at the local office? |
| 3 | MR. HARLEY: They don't anymore. What they |
| 4 | do it's a statewide number. It goes in |
| 5 | call triage and then it gets sent out |
| 6 | so, like, say, for instance, you are |
| 7 | calling for Pike County, you may end up |
| 8 | getting someone from Fulton County answer |
| 9 | the phone at that point in time. They send |
| 10 | them all throughout the state. But they |
| 11 | all have the capability whoever is |
| 12 | answering that call can go back into the |
| 13 | web portal to the Benefind system to get |
| 14 | people turned back on to my knowledge. As |
| 15 | soon as I find out, I will post it in |
| 16 | the I'll post it in the chat box. |
| 17 | MR. SHANNON: Does that make sense, Leigh |
| 18 | Ann, that plan? |
| 19 | MS. FITZPATRICK: Yes. |
| 20 | MR. SHANNON: Okay. Super. |
| 21 | Other questions? All right. Thank |
| 22 | you much. |
| 23 | Next we have Round Robin Member |
| 24 | Updates. Anybody want to provide an update |
| 25 | of what they are working on, what they are |

1 doing? 2. I think the CMHCs have been involved 3 with Medicaid is -- four centers are a 4 certified Community Behavioral Health 5 Center, and this is a DMS -- a CMS 6 demonstration. They have more expectations, 7 more integration of primary care. 8 There's that phone number, 9 (855)306-8959. Does that help you, Angela? 10 Angela Darcy. 11 MS. DARCY: Yes, that's great. Thanks. 12 MR. SHANNON: Okay. But those four centers 13 are trying to -- just starting this thing 14 January 1. It's funded for eight quarters. 15 They will do it through December of '23. 16 It has a focus on mobile crisis response 17 mechanism. Medicaid is working on their 18 planning grant for that. They will I guess 19 be involved in that process. They focus on 20 veterans, which we serve veterans today, 21 but now it's priority population. 22 also get reimbursed differently. They have 23 a prospective payment, a daily rate. So 24 they see one person and they get paid

whatever that daily rate is regardless how

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1 many services that person may have that 2. day, or whatever the service is, so they 3 are all the same. The MCOs are paid what 4 they are paid normally and Medicaid makes 5 up the difference to get to that number. 6 Eight other states started this in '16. 7 Kentucky was added just before Covid 8 happened, so we did all our planning during 9 Those states have seen an increase Covid. 10 in number of people served by the CCBHCs, 11 increase in staffing as well, and better 12 data collection in the process. 13 So that's what's been going on there. 14 You know, we are still trying to work out 15 payment with MCOs. It's been a challenge to 16 get that resolved and move forward. 17 In other states the two years 18 renewed -- they have gotten it renewed in 19 '18 and '20. So hopefully, you know, the 20 objective is all 14 mental health centers in 21 Kentucky become a CCBHC and expand those 22 services. So that's my update. 23 Let's move on to General Assembly. 24 Adrienne, do you want to give us an update 25 Let's be honest, the final on House Bill 7?

1 product was better than the initial; 2. correct? 3 MS. BUSH: Yes. So House Bill 7 --4 Still not good; right? MR. SHANNON: 5 MS. BUSH: I mean, it's just hard when you 6 are starting with a premise that people who 7 need social safety supports are out to 8 defraud the government and that's where 9 everyone is coming from. Then, like, it's 10 hard to get a good product if that's your 11 foundation, in my opinion. 12 So House Bill 7 did pass. It does 13 make some changes to how Kentuckians access 14 Medicaid and SNAP and keep that coverage. 15 For a detailed analysis of what changes we 16 can expect, I would encourage everyone to 17 follow Kentucky Voices for Health, if you 18 are not already, because they -- they were 19 on it for sure. But there were some changes 20 in terms of how folks self-attest to needing 21 Medicaid that were done in the senate. Ιt 22 did pass both chambers, the governor vetoed 23 it, then both chambers overrode it, so it is 24 law now. So that's -- I mean, let me see --25 I think it will be interesting to -- it's a

| 1 | lot of work for the Cabinet still to |
|----|---|
| 2 | implement. |
| 3 | MR. SHANNON: Yeah. |
| 4 | MS. BUSH: Yeah. |
| 5 | MR. SHANNON: I think it's going to be a |
| 6 | big lift. |
| 7 | MS. BUSH: I mean, the things for them |
| 8 | the remaining concerns that we have, and |
| 9 | this is coming from Emily Beauregard, is |
| 10 | that it includes significant permissive |
| 11 | language, may instead of shall, that could |
| 12 | be interpreted very differently by a future |
| 13 | administration in terms of making it harder |
| 14 | to access these programs. That permissive |
| 15 | language could increase reporting |
| 16 | requirements on a Cabinet that is |
| 17 | struggling with workforce capacity. I |
| 18 | think everybody acknowledges that. And it |
| 19 | would basically create new opportunities |
| 20 | for people who are doing all the right |
| 21 | things to fall through the cracks. It does |
| 22 | establish new and more severe penalties for |
| 23 | suspected fraud or misuse of benefits that |
| 24 | don't currently have to be substantiated by |
| 25 | the Cabinet in order to take adverse |

action. Many people who have done nothing wrong will be caught up by inaccurate algorithms and penalized with due process.

So, like, here's a real-life example of something that happened to me. was at Kroger, like, two months ago I -- the cashier rang up like, I don't know, two-thirds of my grocery, then another cashier was trying to get her attention about, you know, something else. She, like, hits the point of sale, you know, it's done, and rings up the total, and then like there's still like a third of my groceries left to be rung up. And she's, like, I'm so sorry about that. And I'm, like, no big deal, like, just ring the rest of them up and I'll run the credit card again. like, if I had been using a SNAP card, I would have had two point of sale transactions within like a minute of each other and that would have been flagged by the Cabinet's algorithm for fraud. So -and it wasn't anybody's fault and it also wasn't even a big deal. But anyway, that's -- that's something to consider.

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It removes the Cabinet's ability to make Medicaid presumptive eligibility determination and puts that -- you know, only hospitals and other healthcare providers can do that. It creates new barriers that could adversely impact a very needed diversion pilot program that is created by SB 90. Does not address provider or retailer fraud. Having spent 15 years of my life in eastern Kentucky, I can tell you I am way more concerned about retailers than I am individual people. And it doesn't actually address poverty or the lack of good-paying jobs across regions, and it doesn't actually improve health outcomes or reduce disparities.

And, again, that's what I mean by saying if you are starting off with a flawed premise and a flawed assumption of a problem, it's really hard to get a good product out of that. So that is probably more than anybody wanted to know about HB 7, but I do think it is important to talk about. So I thank you for the opportunity, Steve.

| 1 | MR. SHANNON: I think it is important to |
|----|---|
| 2 | talk about. I think there's going to be a |
| 3 | lot of changes we are going to see coming |
| 4 | up. One I know, state of emergency SNAP |
| 5 | benefits in May is going to be problematic |
| 6 | for people. Right, Adrienne? I mean, they |
| 7 | are going to run |
| 8 | MS. BUSH: Yeah, and that's because of the |
| 9 | separate fraud assumption still. Yes. |
| 10 | MR. SHANNON: I think we are going to see a |
| 11 | lot of challenges for folks getting |
| 12 | benefits. And I agree with you, they are |
| 13 | not getting a ton of money and I'm sure |
| 14 | there's cases of fraud. I don't deny that. |
| 15 | But it seems to be a broadbrush approach to |
| 16 | address a problem as opposed to identifying |
| 17 | the root causes of any fraud and go from |
| 18 | there, but |
| 19 | MS. BUSH: I also think it's interesting. |
| 20 | You had, like, no advocates. I mean, there |
| 21 | are advocates who spend their time at the |
| 22 | capital. You know, like, Steve, you're up |
| 23 | there every day during session. Other |
| 24 | folks like, nobody testified in favor of |
| 25 | this bill except for the bill's cosponsors. |

25

But like they didn't have any citizens, any advocacy groups testifying that they -- that this was needed or wanted, and to me that speaks volumes.

MR. SHANNON: I agree. Any questions?

Adrienne mentioned Senate Bill 90. That just passed at the very end, and that really is a diversion model that we are going to get people -- as soon as they are charged almost, to get them diverted out. Do an assessment and see if they are appropriate for residential or substance abuse primarily, maybe mental illness as well, but substance abuse services. And if they participate in the program, wherever they end up, you know, the services they receive, those charges will eventually be dismissed. And if they don't participate, that's, you know, the stick in the carrot to get back in. But it really is -- it's a first piece of legislation I've seen in a long time that is really saying let's not incarcerate people who have an addiction; right? Let's figure out -- get them into All things we know that are treatment.

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affected -- you know, ideally I think a lot of the folks will be coming out of the 1115 SUD Waiver with Senate Bill 90 never would have made it up there. And I think that's better across the board for everybody.

I've said it before, no one's looking for an employee who's been incarcerated. You know, that's not something on a job application that moves you up the list. this is a point -- an attempt to do that. Senator Westerfield and President Stivers were kind of a force behind this piece of legislation, and several iterations. Prosecutors were on board, other folks, corrections, I think, were at the tables. So I think it's an opportunity to see. starts out in ten counties and it's segmented by population, so you get a really good basis of where we are at. hopefully we have good data and then in fiscal year, General Assembly '24, they do the next two-year budget and they can expand it to other places. But it's ten counties, so it's not everywhere, but it's a start in the process to see what happens.

1 MR. INGRAM: It's our first meeting next 2. week of the state agencies that are 3 involved at AOC, Medicaid and behavioral 4 health and my office and others. The best 5 thing that happened was at the last minute 6 they put 2 1/2 million dollars in the pot 7 to get this started, because we were really 8 struggling how are we going to pay for 9 assessments proposed that aren't Medicaid 10 eligible. But now I think we got a 11 fallback plan that I think I -- there will 12 be some involvement with Medicaid dollars as well, so we look forward to that. 13 14 We are going to be dependent on our 15 CMHCs to be involved at the local level. Ι 16 think they will be a great asset to the 17 program. So we have to get ready by 18 January 1st, 2023. It may seem like a long 19 time off, but in state government time 20 that's coming right up on us, so we are 21 going to get to work on it next week. 22 MR. SHANNON: Good deal. Good to hear. 23 Thanks, Van. 24 Any other legislation folks want to 25 talk about?

1 MR. HARLEY: I have one quick question. 2. we know what ten counties that started in? 3 MR. SHANNON: No. They're segmented out --4 that's a great question -- by population, 5 so they have small and large counties, but 6 they have not identified. They opted --7 initially there were half counties in the 8 bill, then they decided not to be -- if 9 something didn't happen in the county, they 10 couldn't go someplace else. So they have 11 not identified those counties yet. 12 Van, I guess that's going to be on 13 your all's agenda; right? 14 MR. INGRAM: It is. And AOC has the 15 responsibility of identifying those 16 counties. And I think they have got a 17 short list. Now we don't have to stop at 18 ten. 19 MR. SHANNON: Right. 20 It's a minimum of ten. MR. INGRAM: Τf 21 there are counties that show a lot of 22 interest above ten, I think we ought to 23 take a look. 24 MR. SHANNON: But the bill does -- they 25 have some breakdown by population, though;

1 right? 2. MR. INGRAM: Yes. 3 MR. SHANNON: So, again, this isn't just 4 going to be Jefferson County, Fayette 5 County, you know. They are going to try to 6 get -- and part of that was to get good 7 data to go forward, and they are really 8 trying to position themselves to show the 9 outcome of this and how it plays out, and 10 then expand it afterwards, you know. That's always my fear with pilot programs, 11 12 you know. A lot of pilot programs, but, 13 you know, at some point I want to get 14 passengers, not just a pilot on that plane. 15 So, yeah, I think it's exciting. 16 So let's add Senate Bill 90 to our 17 agenda. Is that okay, Van? Give us updates 18 on that regularly? 19 MR. INGRAM: Love to. 20 MR. SHANNON: Okav. And overtime we will 21 pay attention to House Bill 7 and what we 22 are hearing about that. So we will have 23 some data as well, even if it's anecdotal, 24 so we can maybe help Medicaid figure out a 25 way to move that forward, because it's the

law, right, Adrienne? Got to figure out how to make it work now.

Any other topics?

All right. Our next meeting is July 14th. Yeah, go ahead.

MS. BICKERS: And I don't know where my face went, so if everybody can hear me okay. I was trying to turn my camera back on.

So I want to discuss the possibility of coming back to in-person meetings. Let me see if I can find my -- there we go. So as you can see, I'm in our conference room here. This is the Commissioner's conference room. We have got the new equipment up and running. Let's see if I can zoom in.

So with being on camera, open records and having a quorum, we would need to fit, you know, this side, and we can get most of the table. So I have been starting to put on the TAC's radars on whether or not they want to come back in person versus virtual. I have had a lot of discussions with hybrid meetings. With being open meetings, anyone who wants to attend we have to offer that,

| 1 | so there would always be a Zoom link still. |
|----|--|
| 2 | I don't know how many of you live in |
| 3 | Frankfort, live close, or have to travel. |
| 4 | As you can tell, we can only fit X amount of |
| 5 | people in. Of course, I'm not important. I |
| 6 | can always hide in the corner. We have the |
| 7 | option of logging in, coming in-person. I |
| 8 | know you guys are one of the larger TACs |
| 9 | with 12 members. So it's just there for |
| 10 | discussion. I don't know if that's |
| 11 | something you guys want to put on your next |
| 12 | meeting agenda, if you want to discuss that |
| 13 | now and take votes. I don't think you have |
| 14 | to have a quorum to vote for that, but since |
| 15 | you have one it might be best to go ahead |
| 16 | and discuss |
| 17 | MR. SHANNON: Yeah. |
| 18 | MS. BICKERS: everyone's thoughts, and |
| 19 | then if you don't get a consensus, maybe |
| 20 | put it back on next month's. |
| 21 | MR. SHANNON: Yeah. We can do it meeting |
| 22 | by meeting for a while. But that room |
| 23 | cannot accommodate all 12. |
| 24 | MS. BICKERS: We would be real close. We |
| 25 | can probably fit all 12 board members in, |

| 1 | and then the MCOs and anyone from the |
|----|---|
| 2 | public could always log in hybrid or I I |
| 3 | don't know. Like I said, if any of you |
| 4 | guys travel several hours away, you may |
| 5 | prefer to not have to drive several for the |
| 6 | meeting. I know some of the other TACS |
| 7 | they have people that are driving three and |
| 8 | a half hours away and that's you know, |
| 9 | that's a lot of drive time. So I am just |
| 10 | kind of putting that on the radar to |
| 11 | discuss. And I got it zoomed out as far |
| 12 | and I find the one squeaky chair, so I |
| 13 | apologize. As you can tell, we can |
| 14 | probably fit 12 of you around, but you have |
| 15 | to be real friendly and close with each |
| 16 | sorry, so |
| 17 | MR. SHANNON: Anybody have an opinion, |
| 18 | thought about that, in-person, Zoom? |
| 19 | MR. INGRAM: You know, I would prefer that |
| 20 | hybrid option. Had I been in Frankfort |
| 21 | today, I would have definitely come over to |
| 22 | CHFS. But I'm in Barbourville and by |
| 23 | having this option I can participate, where |
| 24 | I wouldn't be able to if this link wasn't |
| 25 | available. |

1 MR. HARLEY: I agree with Van on that 2. This is Brandon Harley. You know, piece. 3 for me to go it would be a two-and-a-half-4 hour drive for me to come in to the 5 meeting, you know, in from the other side of Owensboro. I mean, I could do it from 6 7 time to time, but I think the hybrid option 8 would be your best option. 9 MR. SHANNON: Other Brandon? 10 MR. THOMAS: I mean, I agree, hybrid. 11 in Ashland. Once again, I don't mind, but 12 there are times that I have other meetings 13 and have to be other places as well, and 14 it's just not -- I'm just not capable of 15 making that -- but a lot of times I'll be 16 able to make it. 17 MR. SMITH: Yeah, I certainly think there 18 is a critical mass per which the travel 19 would be burdensome. And so to me the real 20 question is, is it really worth, you know, 21 taking the time of all the staff in 22 Frankfort to really set up the in-person 23 option if, you know, there might only be a 24 couple people actually there in person. 25 think we will kind of see how things go and

1 I certainly wouldn't, you know, want to 2. discourage anyone from getting together in 3 Frankfort who might want to. I can speak 4 personally, for me it's over a two-hour drive and so it would just turn into an 5 6 all-day thing. 7 MS. BICKERS: What we can do is we can 8 continue with the hybrid moving forward, 9 and if it comes to the point where they 10 have changed the rules and we have to come 11 back in person, we can cross that bridge 12 when we get to it. If anybody is going to 13 be in Frankfort and they know that they 14 would like to join me, if you could just 15 let me know a few days ahead of time so I 16 can let the security desk know, and also so 17 I can come down and greet you and bring you 18 up to the conference room, so they don't 19 just send you the wrong Medicaid maze up 20 here on the sixth floor of CHFS. 21 MR. HARLEY: That's another question, 22 Do we, as a group for this, do we 23 have an annual meeting or a fiscal year 24 meeting, say, you know, this is our annual 25 I mean, I guess what I'm asking return?

1 is, are there specific meetings that 2. in-person would be a better option or we 3 have to -- or we set a certain amount that 4 says in-person would be preferable, or -- I 5 mean, that's another piece to consider as well. 6 7 MR. SHANNON: Not that I'm aware of. And. 8 Erin, would probably answer better. But, 9 you know, the TAC is just -- and I've 10 served on the Behavioral Health TAC, I 11 don't know how many years, since it got 12 started. But there's no -- you know, 13 there's no formal process we have to do 14 annually. We got to convene. It's not 15 like some boards of directors where you 16 have to meet at least, you know, and have 17 an annual meeting. So that piece doesn't 18 necessarily take place. And even -- we 19 used to meet at the annex a lot for the 20 Behavioral Health TAC in terms of space. 21 But I think the hybrid makes the most 22 I think there's some value to sense. 23 meeting in person, you know. At some point I realize it's problematic; it's a long 24 25 way.

1 Brandon, for you, for example, the 2. meeting starts at 8:00. You are heading out 3 of your house probably at 5:15, 5:30 a.m., which, you know, isn't the end of the world, 4 5 but still you would prefer not to do that if 6 you clearly could. So I think the hybrid 7 makes the most sense and that allows people 8 who have other things going on locally can, 9 you know, attend those as well. So that's 10 what my take would be moving forward. 11 I think you're right, Erin, at some 12 point there's going to be -- could be some message that, you know, must meet in person. 13 14 But if that's the case, then you're still going to have -- the conference room 15 16 wouldn't accommodate if we had 17, 18 people 17 at one time; right? 18 MS. BICKERS: We have 31 participants 19 currently. Thirty-one (31) of us won't fit 20 in here comfortably. We can all stand 21 around maybe, but that wouldn't be a very 22 fun meeting. 23 MR. SHANNON: No. So I think -- you know, 24 I agree with the group, hybrid model. 25 may plan myself to attend in person, but

| 1 | that's my personal preference. |
|----|--|
| 2 | Adrienne, you're in Frankfort; right? |
| 3 | MS. BUSH: Yeah, I'm on Main Street. I'm |
| 4 | just down the street, so I am I am |
| 5 | comfortable having a hybrid model because |
| 6 | one of the things I want to keep moving |
| 7 | forward is the accessibility. |
| 8 | MR. SHANNON: Yeah. |
| 9 | MS. BUSH: And so but, yeah, if there |
| 10 | were an in-person option, I would probably |
| 11 | show up, but I would give you a heads up, |
| 12 | Erin. |
| 13 | MR. SHANNON: Yeah. |
| 14 | MS. BICKERS: Thank you. |
| 15 | MR. SHANNON: Good topic. Appreciate that, |
| 16 | Erin. |
| 17 | MS. BICKERS: No problem. |
| 18 | MR. SHANNON: So hybrid it is. I just |
| 19 | Zoomed into the Primary Care TAC. They |
| 20 | went with the same plans; right, Erin? |
| 21 | MS. BICKERS: They did. |
| 22 | MR. SHANNON: Behavioral Health TAC meets |
| 23 | this afternoon. I think it's going to be |
| 24 | probably the same. |
| 25 | MS. BICKERS: I believe so. I think, if I |

| 1 | had to guess, I would say for the most part |
|----|---|
| 2 | while it's still available, people are |
| 3 | going to take advantage of that, especially |
| 4 | some of the larger TACs and some of the |
| 5 | ones that have several members that drive, |
| 6 | you know, multiple hours. And so I think a |
| 7 | lot of them will continue to probably stay |
| 8 | hybrid, would be my guess. |
| 9 | MR. SHANNON: Okay. Any other items? |
| 10 | Our next meeting, July 14th. Again, |
| 11 | that will be hybrid. If people want to go |
| 12 | to Frankfort, they are welcome to do that. |
| 13 | 9:00 a.m. And you see the others, |
| 14 | September, November, for the rest of this |
| 15 | year. That's all I have folks. |
| 16 | Any other question, topics? |
| 17 | Appreciate you all. Looking forward |
| 18 | to the 1115 being approved and then we can |
| 19 | move forward. |
| 20 | All right. You-all have a good day. |
| 21 | Take care. Bye-bye. |
| 22 | * * * * * * |
| 23 | THEREUPON, the meeting was concluded. |
| 24 | * * * * * * |
| 25 | |

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| 2 | STATE OF KENTUCKY) |
| 3 | COUNTY OF FAYETTE) |
| 4 | |
| 5 | I, JOLINDA S. TODD, Registered |
| 6 | Professional Reporter and Notary Public in and for |
| 7 | the State of Kentucky at Large, certify that this |
| 8 | transcript is a true and accurate record of the TAC |
| 9 | Meeting on May 12, 2022. |
| 10 | |
| 11 | My commission expires: August 24, 2023. |
| 12 | |
| 13 | IN TESTIMONY WHEREOF, I have hereunto set |
| 14 | my hand and seal of office on this the 7th day of |
| 15 | July 2022. |
| 16 | |
| 17 | JOLINDA S. TODD, RPR, CCR(KY) |
| 18 | NOTARY PUBLIC, STATE AT LARGE |
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